

# STATE OF LOUISIANA UNIFORM PAYROLL SYSTEM DIRECT DEPOSIT ENROLLMENT AUTHORIZATION



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
<b>ACCOUNT INFORMATION</b>	
ACTION TYPE ( one)  <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATE THIS OPTION	FINANCIAL INSTITUTION NAME  ACCOUNT NAME (Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT NUMBER	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER
ACCOUNT TYPE ( one)  <input type="checkbox"/> *CHECKING (provide voided check or account verification)  <input type="checkbox"/> *SAVINGS (obtain account # & ABA # from the financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone number: _____
Allow 3 to 4 pay periods for direct deposit to be effective.	

(Print full name)

I, \_\_\_\_\_, authorize and request the State of Louisiana to direct my pay check to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Payroll Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (UPR/F45) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination.

_____ Signature	_____ Date	_____ Phone where you can be reached between 8:00 and 4:30
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**\*Agency requirements may vary. Contact your payroll office if you have any questions.**

TO BE COMPLETED BY PAYROLL OFFICE:

PRN	PRENOTE RETURN DATE	REVISED EFT EFF DATE
FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	COMMENTS	
EFT EFF/CANC DT (PPE)		